

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	CEA		10/17/01
<b>OLR-E CLASSIFIER</b>			10/15/01
<b>FORMALITY REVIEW</b>	TCI	TCI/147	11/14/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 ! ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Final	Original	Date
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2	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here